

NH DEPT. OF AGRICULTURE, MARKETS & FOOD DIVISION OF WEIGHTS & MEASURES 25 CAPITOL STREET PO BOX 2042 CONCORD, NH 03302-2042

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FORM: CR-04-03

**COMPLAINT REPORT** 

							DATE SUBMITTED		TIMI	Е
WHERE		I	LOCATION	WHERE	THE PROE	BLEM/CO	MPLAINT (	CCUR	RED	
NAME OF BUSINESS								TELEP	HONE	NO.
STREET ADDRESS			CITY					COUNTY		
WHEN DATE:			TIME:							
WHAT	DESCRIBE COMPLAINT IN DETAIL:									
descriptive info	include: for gas complaint, ormation so as to identify to veries, receipt received, no 00	the scale.	For Pricing	Errors, inclu	de posted pri	rice, sale, adv	vertised price,	etc: Fire	e Wood	d – include
WHO DID YOU COMPLAIN TO AT THE LOCATION			DESCRIBE THE PERSON							
			NAME							
			SEX	RACE	AGE	HEIGHT	WEIGHT	HAII	R	EYE
			DISTINGUISHING CHARACTERISTICS							
HAVE YOU C	CONTACTED ANY OTH	ER AGEN	NCY: CONS	UMER OR	LEGAL? [	□ YES	□ NO			
IF YES, WHO	:									
IF WE CONTA	ACT THE BUSINESS, DO	O YOU W	ANT YOUI	R NAME KI	EPT CONFII	DENTIAL?	☐ YES		NO	
WOULD YOU	LIKE TO BE INFORME	ED WITH	THE RESU	LTS OF OU	R INVESTI	GATION/A	CTIVITIES?	☐ YE	ES	□NO
	NAME									
PLEA	ADDRESS SE									
FILL C							ZIP C	ODE		
	TELEPHON	IE NO.	E-MA	AIL			FAX			